

**INDIANA DEPARTMENT OF COMMERCE**  
**EDGE APPLICATION**  
(Please Type)

**I. Company Information****Company Name:** \_\_\_\_\_

Federal I.D.#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

SIC/NAICS Code: \_\_\_\_\_

Located in Urban Enterprise Zone: \_\_\_\_\_ Yes \_\_\_\_\_ No

51% or more: Minority-owned \_\_\_\_\_ Yes \_\_\_\_\_ No      Women-owned \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent Company Name:** \_\_\_\_\_

Parent Company Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Senior Company Official: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**For official use only:****Staff: BD:** \_\_\_\_\_**DFO:** \_\_\_\_\_**Project I.D.:** \_\_\_\_\_**Date Sent:** \_\_\_\_\_**Date Received:** \_\_\_\_\_

**II. Company Background**

Provide a brief narrative history of the company, including ownership, business operations, product markets, etc.:

---

---

---

---

---

---

---

---

---

**III. Employment Information (Affected Site)**

- 1. Current level of employment in Indiana \_\_\_\_\_
- 2. Level of employment in Indiana one year ago \_\_\_\_\_
- 3. Average hourly wage for current employees in Indiana (w/out fringe) \$\_\_\_\_\_
- 4. Fringe benefits as a percentage of hourly wage for current employees \_\_\_\_\_

**IV. Project Description**

- 1. Provide a brief description of proposed project:

---

---

---

---

---

---

---

---

---

---

2. How will this project affect the company's other Indiana or U.S. locations?

---

---

---

---

---

---

---

3. List source(s) of financing for the proposed project (i.e. banks, industrial revenue bonds, SBA, other governmental agencies, etc.). Indicate whether financing has been secured and quantify the value for each method:

<u>Source</u>	<u>Secured</u>	<u>Value</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

4. Identify other state(s) considered for plant location:

---

## V. Project Costs

Please report all planned investments associated with this project. List the new investment associated with each category (**not cumulative**) and the **net new employment level and payroll** during each phase (**cumulative, excluding bonuses and overtime**).

Location: County \_\_\_\_\_  
City/Town \_\_\_\_\_  
Township name and number \_\_\_\_\_  
Inside city/town limits? (Circle one) Yes/No

Year	*Land	*Building/ Improvements	Machinery/ Equipment	Special Tooling	IRS Life Assigned to Special Tooling	Furniture & Fixtures	Computer Hardware
2001	\$	\$	\$	\$			\$
2002	\$	\$	\$	\$			\$
2003	\$	\$	\$	\$			\$
2004	\$	\$	\$	\$			\$

Year	Total Value of Inventory	Raw Materials (Inventory)	Work in Progress (Inventory)	Finished Goods (Inventory)	Number of Employees (new)	Payroll (new)
2001	\$	\$	\$	\$		\$
2002	\$	\$	\$	\$		\$
2003	\$	\$	\$	\$		\$
2004	\$	\$	\$	\$		\$

What % of the inventory (sales) from the proposed facility will be destined to out-of-state customers? \_\_\_\_\_%

\* If leasing, please also indicate lease costs.

Please report the value of the corporation's net income, sales, payroll, and property for the last completed fiscal year. Please report projected sales, payroll, and property for the new facility for each of the first four years of operation.

Factors	2000	2001	2002	2003	2004
<b>Sales</b> Entire corporation	\$	\$	\$	\$	\$
<b>Sales</b> Originating from <b>proposed</b> facility	\$	\$	\$	\$	\$
<b>Property</b> Entire corporation	\$	\$	\$	\$	\$
<b>Property</b> Indiana proposed facility	\$	\$	\$	\$	\$
<b>Payroll</b> Entire corporation	\$	\$	\$	\$	\$
<b>Payroll</b> Indiana proposed facility	\$	\$	\$	\$	\$
*** Net Income <b>before</b> Federal Income Tax ***	\$	\$	\$	\$	\$

\*\*\* In regard to the Net Income before Federal Income Tax -- if filing on a consolidated basis, report the net income of the **entire corporation**. If filing as a single entity (separate from the Parent Corporation), report the net income for the **proposed facility only**.

**Full Employment Picture:** Please list total **net new** expected employment by job category (e.g. clerical, machinist, truck driver, etc.), the number of employees assigned to each category, and the value of the payroll allocated to each category that the company expects when at full employment.

[illegible]

Total # of new employees: \_\_\_\_\_ Total Payroll: \_\_\_\_\_

**Incremental Employment:** For each calendar year the EDGE credits are being applied, list **net new** positions being created by job titles and wage level (without fringe). Do not factor in employee turnover.

[illegible]

## VI. Workers Compensation

Current Workers Compensation Experience Modification Rate: \_\_\_\_\_

What form of workers compensation do you currently employ? Please check the box which applies to your company's existing facility(ies).

<b>Private Carrier</b>
<b>Self-Insurance</b>
<b>State Coverage</b>

If you checked more than one box, please explain.

---



---



---

If your company is self-insured, please indicate in the following table the indemnity and medical claims paid as a result of workers compensation (WC) claims, the number of WC claims, and the total workforce at the corporation's existing facility(ies) for the past three years. Please indicate whether this information is for Indiana only, or corporate-wide. \_\_\_\_\_

Year	Indemnity & Medical Paid for WC Claims	Number of Claims	Total Workforce
1998	\$	#	
1999	\$	#	
2000	\$	#	

## VII. Required Attachments

1. Verification of other state(s) considered and evidence of incentives offered by those states.
2. A brief letter stating that the availability of EDGE tax credits was a necessary and determining factor in your company's decision to locate in Indiana.
3. A description of the employee benefits including sick time, vacation, health, and retirement to be offered by job title.

### **NOTE ON CONFIDENTIALITY OF INFORMATION**

To the extent feasible and permissible by law, the Indiana Department of Commerce (IDOC) will honor an applicant's request that confidential information submitted to the IDOC remains confidential. The IDOC will treat the information as confidential only if: (i) the information is in fact protected confidential information such as trade secrets or privileged or confidential commercial or financial information, (ii) the information is specifically marked and identified as confidential by the applicant, (iii) the information is segregated and placed in a separate appendix to the application, and (iv) no disclosure of the information is required by law or judicial order. If the application results in a grant or loan, the honoring of the confidentiality of identified data shall not limit the IDOC's right to disclose the details and results of the economic development project to the public.

### **CERTIFICATION REGARDING THE WARN ACT**

The company certifies that it will comply with the Worker Adjustment and Retraining Notification (WARN) Act, Public Law 100-379 (29 U.S.C. 2101 et seq.), and the applicable regulations, 20 CFR 689. The company further certifies that, during the five years following receipt of any grant or loan pursuant to this application and even if the company is not subject to the WARN act by virtue of its size (less than 100 employees), it will voluntarily provide notice 60 days in advance of plant closings or mass layoffs that will result in an employment loss for 50 percent or more of the employees at the employment site. Such notice will be provided to either affected workers or their representatives (e.g., a labor union), to the State dislocated worker unit and to the chief elected official of the unit of local government in which the employment site is located. General questions may be addressed to and notices may be filed with: State Dislocated Worker Unit, Indiana Department of Employment and Training Services, 10 North Senate, Indianapolis, Indiana 46204, (317) 232-7371.

### **ADDITIONAL INFORMATION REQUIREMENTS**

In the event the Department of Commerce supports your application for the EDGE tax credit, supplemental information will be required in order to fulfill due diligence and inform the EDGE Board of the merits of the proposed project.

### **MANAGEMENT CERTIFICATION**

I hereby certify that I have read the foregoing project profile and that the information contained herein is true and accurate to the best of my knowledge and belief.

### **COMPANY AUTHORIZATION**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**(Chief executive officer or other authorized representative of the company)**